

# Schermann & Associates, P.C.

Certified Public Accountants & Business Consultants

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2016 JUL 26 AM 10:03

July 25, 2016

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20463

Re: FEC Form 3

Please find attached the above referenced form and supporting schedules for the principal campaign committee of Hal Brown (#00616672).

Please contact me if any questions.

Sincerely,



Paul A. Schermann

cc: Missouri Ethics Commission

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 JUL 26 AM 10:03

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

HAL BROWN FOR CONGRESS

ADDRESS (number and street)

2128 WILLIAM ST, #27

Check if different  
than previously  
reported. (ACC)

CAPE GIRARDEAU

MO

63703

CITY ▲

STATE ▲

ZIP CODE ▲

FEC IDENTIFICATION NUMBER ▼

C 00616672

3. IS THIS  
REPORT

☒

NEW  
(N)

OR

☐

AMENDED  
(A)

STATE ▼ DISTRICT

MO

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

08 M

02 D

2016 Y Y

in the  
State of

MO

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M

D D

Y Y Y Y Y Y

in the  
State of

5. Covering Period

07 M

01 D

2016 Y Y Y Y Y Y

through

07 M

13 D

2016 Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A SCHERMANN

Signature of Treasurer

*Paul A. Schermann*

Date

07 M

25 D

2016 Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

HAL BROWN FOR CONGRESS

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2016

To:

MM / DD / YYYY  
07 / 13 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	2801.59	18798.23
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	2801.59	18798.23
Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1649.64	21218.21
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	626.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1649.64	20592.20
Cash on Hand at Close of Reporting Period (from Line 27) .....	6206.03	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	8000.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## Page 3

# HAL BROWN FOR CONGRESS

**COLUMN B**  
**Election Cycle-to-Date**

11200.00
4943.67
16143.67
0.00
0.00
2654.56
18798.23

0.00

8000.00
0.00
8000.00

626.01

0.00

27424.24

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

1649.64

21218.21

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0.00

0.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS .....

0.00

0.00

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ▶

1649.64

21218.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

5054.08

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

2801.59

25. SUBTOTAL (add Line 23 and Line 24).....

7855.67

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

1649.64

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

6206.03

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

BOLLMAN, BRIAN

Mailing Address

3165 LUPINE DR

City

ARNOLD,

State

MO

Zip Code

63010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFFLUX

Occupation

IT CONSULTANT

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1075.99

Date of Receipt

MM / DD / YYYY  
07 / 11 / 2016

MM / DD / YYYY  
11 / 11 / 2016

MM / DD / YYYY  
2016

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BAUER, ROBERT & MARY

Mailing Address

220 PRESTON WOOD TRAIL

City

CAPE GIRARDEAU,

State

MO

Zip Code

63701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CRNA

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2016

MM / DD / YYYY  
10 / 10 / 2016

MM / DD / YYYY  
2016

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STAHR, WILLIAM D & NANCY C

Mailing Address

2005 SARA DR

City

CAPE GIRARDEAU

State

MO

Zip Code

63701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ST FRANCIS MED CENTER

Occupation

PATHOLOGIST

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 10 / 2016

MM / DD / YYYY  
10 / 10 / 2016

MM / DD / YYYY  
2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 2  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)  
BYRNE, JOSEPH

Mailing Address  
206 HOSPITAL LANE

City State Zip Code  
PERRYVILLE MO 63775

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PERRY COUNTY MEM. HOSP.

Occupation  
PHYSICIAN

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 01 / 2016

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

250.00

TOTAL This Period (last page this line number only) ▶

2000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (in Full)

HAL BROWN FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MCLANE INVESTMENTS**

Mailing Address  
97 N KINGSHIGHWAY ST

City CAPE GIRARDEAU State MO Zip Code 63701

Purpose of Disbursement  
CAMPAIGN OFFICE RENT

Candidate Name

001

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STAPLES

Mailing Address  
294 SIEMERS DR

City CAPE GIRARDEAU State MO Zip Code 63701

Purpose of Disbursement  
CAMPAIGN LITERATURE

Candidate Name

006

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2016

Amount of Each Disbursement this Period

323.93

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN EXPRESS**

Mailing Address  
1605 IMPERIAL DR

City WEST PLAINS State MO Zip Code 65775

Purpose of Disbursement  
HOTEL-STAFF DOOR TO DOOR CAMPAIGN

Candidate Name

002

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2016

Amount of Each Disbursement this Period

249.72

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

1573.65



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2016 JUL 26 AM 10:04

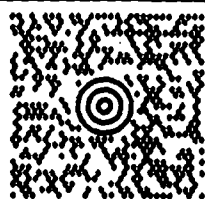
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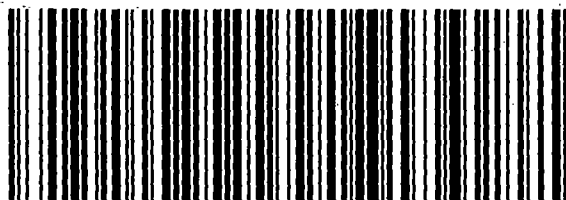
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7/25/16

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Date of Receipt

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Date of Receipt

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(3/2015)

*[Signature]*

7/26/16

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20160726 10:00:00 AM